Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Title:: EXTERNAL COUNTERPULSATION DEVICE

USING ELECTROACTIVE POLYMER ACTUATORS

Attorney Docket Number:: S13.12-0146

Request for Non-Publication?:: No
Suggested Drawing Figure:: /
Total Drawing Sheets:: 2
Small Entity?:: No
Petition included?:: No

Petition Type::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Lucien A. Family Name:: Couvillon

Name Suffix:: Jr.

City of Residence:: Concord

State or Province of Residence:: MA Country of Residence:: US

Street of Mailing address:: 190 Nashawtuc Road

City of Mailing address:: Concord State of Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code:: 01742

Comments: Repeat the above for each inventor

Correspondence Information

Name:: Joseph R. Kelly

Street of mailing address:: Westman, Champlin & Kelly

900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis State or Province of mailing address:: MN

Postal or Zip Code of mailing address:: 55402-3319

Phone number:: 612/334-3222

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Representative Information

Representative	Registration	Representative Name:	
Designation::	Number::		
Primary	20147	Nickolas E. Westman	
Primary	34797	Judson K. Champlin	
Primary	34847	Joseph R. Kelly	
Primary	36188	Steven M. Koehler	
Primary	34557	David D. Brush	
Primary	38354	John D. Veldhuis-Kroeze	
Primary	39758	Theodore M. Magee	
Primary	35612	Deirdre Megley Kvale	
Primary	42413	Christopher R. Christenson	
Primary	41885	Brian D. Kaul	
Primary	45466	Nathan M. Rau	
Primary	45844	Christopher L. Holt	
Primary	45956	Alan G. Rego	
Primary	48516	Todd R. Fronek	
Primary	49027	Linda P. Ji	
Primary	53675	Leanne R. Taveggia	

Primary	24383	Robert M. Angus	
Primary	32015	David C. Bohn	

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application			MM/DD/YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name::

SciMed Life Systems, Inc.

Street of mailing address::

One Scimed Place

City of mailing address::

Maple Grove

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address:: 55311

MN